

## **HAWAII STATE ETHICS COMMISSION** 1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470



LOBBYIST REGISTRATION FORM CONTROL OF THE CONTROL O		
(Type or Print		FRANKS SCOMMISSION
PART I LOBBYIST		
NAME(Last) (First)	(Middle)	TELEPHONE
Seu Scott	W.A.	543-7712
MAILING ADDRESS (Street)	(City) (State)	(Zip Code)
P. O. Box 2750, Honolulu, HI 96840-0001		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE		
MAILING ADDRESS (Street)	(City) (State)	(Zip Code)
DADT II. ODGANIZAZION		
PART II ORGANIZATION  NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaiian Electric Company, Inc.		532-5860
MAILING ADDRESS (Street)	(City) (State)	(Zip Code)
P. O. Box 2750, Honolulu, HI 96840-0001	(Oldie)	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION	'S EXPENDITURES STATEMENT	TELEPHONE
Marcia Wright	O EXI ENDITORIES STATEMENT	532-5860
MAILING ADDRESS (Street)	(City) (State)	(Zip Code)
P. O. Box 2750, Honolulu, HI 96840-0001	(State)	(Zip Code)
F. C. DOX 2750, HOROTUTU, HI 30040 0001		
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY		
Agriculture Education	Human Services X	Science, Technology & Economic Development
X Communications & X Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Hawaiian Affairs Commerce	X Labor & Employment X	Transportaion
Culture, Arts, Historic Health Preservation	Planning, Land & Water Use Management Other: (indicate below)	
X Ecology, Energy, Housing Environmental Protection	X Public Safety & Corrections	
PART IV CERTIFICATION OF LOBBYIST  I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.		
Thereby certify that the information fulfills hed drove is, to the best of my knowledge, correct and complete.		
(Signature of Labburget)	1/20/03	eate)
(Signature of Lobbyist)	, c	ate)
PART V AUTHORIZATION TO LOBBY	TITLE OF AUTHODIZING OFFICER OF	DEDOON DEDDESENTED
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Molly M. Egged	Secretary	TELEBLIONE
NAME OF ORGANIZATION (if applicable)		TELEPHONE
Hawaiian Electric Company, Inc.		543-7728
MAILING ADDRESS (Street)	(City) (State)	(Zip Code)
P. O. Box 2750, Honolulu, HI 96840-0001		
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
I $M$ $M$	1/27/03	
(Signature of Authorizing Officer or Person Represente		oate)